

**First Presbyterian Church  
Post Office Box 552  
Cheraw, SC 29520**

**This Scholarship application is to include, but not limited to the following available scholarships:**

**Lois McArn, Matheson-Poston-Bohannon, or Maynard Scholarships**

**\*Applicant will only receive one of the scholarships listed above\***

**Deadline for all scholarship applications is March 1<sup>st</sup>. Applications may be dropped off or mailed to the above address to the attention of Scholarship Committee.**

**Guidelines for the Scholarship Committee:**

**Recipients are to be a legal resident of Cheraw, South Carolina. Selection of the Recipient(s) will be made by a committee appointed by the Session of the First Presbyterian Church of Cheraw. This committee has full authority and responsibility for selecting the recipients and evaluating their progress and eligibility for continued benefits. Funds are based on the following criteria: demonstrated an active interest through behavior and grades in achieving a higher education and demonstrated spiritual attributes and qualities of scholarship and leadership.**

**Each Applicant is required to provide the following with their application:**

- \* Each applicant will need to submit a completed application**
- \* Three references other than relatives (letters to be requested by Scholarship Committee)**
- \* Sealed copy of the most recent transcript**

**Notification of award letters will be provided to the recipient, and the funds will be paid directly to the school, with the recipient of the scholarship being jointly named.**

**These scholarships are a gift and therefore the recipient does not repay any of the benefits received.**

**At the discretion of the Scholarship Committee, the Applicant(s) may be required to meet with the Scholarship Committee at an appointed time for an interview.**

**Notification of Award letters are to be provided to the Recipient(s) with a copy to the Finance Committee, who will appropriate the scholarship funds for disbursement.**

**The funds are to be paid directly to the school, with the Recipient of the Scholarship being jointly named, upon notification by the school that the Beneficiary has been accepted and is in attendance as a full-time student.**

**Because this Scholarship is a gift, the recipients are not to repay any of the benefits received.**

Revised January 15, 2026

COVER PAGE

## FIRST PRESBYTERIAN CHURCH

### Lois McArn, Matheson-Poston-Bohannon, or Maynard Scholarships

Please print in Black Ink

Completed Application must be received on or before March 1st

#### I. Applicant (Personal) Information

Please attach a recent photograph to this Application.

Name, Last	First	MI
"Preferred"	Social Security #	Gender
Current Street Address		Apt/Unit #
City	State	ZIP
Phone	E-mail	
Place of Birth	Date of Birth	
Parent(s) or Guardian (s)		
Current Street Address		Apt/Unit #
City	State	ZIP
Phone	E-mail	
If married, give the following information regarding your spouse:		
Name:	Date of Birth:	
Occupation:		
Is Spouse Also in School?	If so, Where?	

#### II. EDUCATION (Attach most recent transcript)

A. List High Schools or Colleges you have attended (most recent first).

Name of School	Date(s) Attended	Prospective Graduation Date	Diploma, or Credit

B. List all honors and/or special recognitions received in High School/College (attach extra sheet if necessary)

1.	2.
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3.	4.
5.	6.

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## FIRST PRESBYTERIAN CHURCH

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## II. EDUCATION (continued)

C. List extra-curricular activities and/or hobbies (attach extra sheet if necessary)

1.	2.
3.	4.
5.	6.

D. What do you currently plan as your major area of study?

E. Name of College you plan to attend

## III. REFERENCES

A. Teacher Recommendation

Name	Phone
Street Address	
City	State ZIP
School	

B. List three (3) personal references (*must be persons other than relatives or Guidance Counselor*)

1. Name	Phone
Street Address	
City	State ZIP
Relationship	
2. Name	Phone
Street Address	
City	State ZIP
Relationship	
3. Name	Phone
Street Address	
City	State ZIP

## Relationship

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# FIRST PRESBYTERIAN CHURCH

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### IV. PERSONAL STATEMENT

Attach a one page (or less) statement of why you feel you should be considered for this Scholarship, including reason financial assistance is needed.

### V. FAMILY - INCOME INFORMATION

*(This area must be completed before Application can be considered)*

A. Father's Name  
Employer

Mother's Name  
Employer

Guardian's Name  
Employer

B. Number of Siblings \_\_\_\_\_ Ages \_\_\_\_\_

# FIRST PRESBYTERIAN CHURCH

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F. List part time jobs held by Applicant:


Signature of Applicant \_\_\_\_\_

Signature of Parent, or Guardian \_\_\_\_\_

Date of Application \_\_\_\_\_

*Must be received on or before March 1<sup>st</sup> before the beginning of the school year for which aid is applied.*